PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| appropriate. All further of | correspondence includired below or directed oth | ng the Patent, advance or | rders and notification of n | naintenance fees wil | ll be maile | d to the current | nould be completed where correspondence address as rate "FEE ADDRESS" for |
|--|---|--|---|---|---------------------------------------|---|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| CROWELL & MORING LLP INTELLECTUAL PROPERTY GROUP P.O. BOX 14300 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| WASHINGTON | , DC 20044-4300 | | | | | | (Depositor's name) |
| | | | | | | | (Signature) |
| | | | | | | | (Date) |
| APPLICATION NO. | PLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | 1 | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 10/587,283 | 10/587,283 05/18/2007 | | Atsushi Saito | • | 056205.58068US 6950 | | |
| TITLE OF INVENTION: | : SEMICONDUCTOR I | DEVICE | | | • | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TO | TAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | | \$1810 | 08/31/2009 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | |
| LUO, DA | AVID S | 2837 | 318-800000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a | single firm (having as a member a y or agent) and the names of up to tt attorneys or agents. If no name is | | | |
| PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIC Hitachi, Ltd | ess an assignee is ident n in 37 CFR 3.11. Comp GNEE | ified below, no assignee oletion of this form is NO | (B) RESIDENCE: (CITY | atent. If an assigned assignment. and STATE OR CC | OUNTRY) | | ocument has been filed for |
| Please check the appropri | ate assignee category or | categories (will not be pr | rinted on the patent): \Box | Individual 🖺 Cor | poration or | other private gro | up entity 🖵 Government |
| ■ Issue Fee ■ Publication Fee (No small entity discount permitted) ■ Advance Order - # of Copies 5 | | | D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | |
| 5. Change in Entity Stat | cus (from status indicated S SMALL ENTITY state | · · · · · · · · · · · · · · · · · · · | ☐ b. Applicant is no long | ger claiming SMALI | FNTITY | status See 37 CF | FR 1.27(α)(2) |
| | d Publication Fee (if req | uired) will not be accepte | d from anyone other than t | | | | e assignee or other party in |
| · | /Michael H. Jacol | | | _{Date} July 15 | 2009 | | |
| Typed or printed name Michael H. Jacobs | | | | Registration No | 41,870 |) | |
| an application. Confident submitting the completed this form and/or suggestion | iality is governed by 35 application form to the ons for reducing this buinginia 22313-1450. DC | U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th | 1.14. This collection is est depending upon the indive Chief Information Office | imated to take 12 mi ridual case. Any com er, U.S. Patent and T | inutes to co ments on ademark (| omplete, includin the amount of tir Office, U.S. Depa | by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. or Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.